

September 30, 2004

MDR Tracking #: M2-05-0026-01-SS

IRO Certificate #: 5284

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedic Surgery. The reviewer is on the TWCC ADL. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 37 year old female was injured in an altercation with a prisoner. The prisoner developed a seizure and she lowered him down slowly and felt a severe pull in her left lower extremity. The pain is located in the left buttocks radiating down the left leg to the knee and occasionally to the ankle. The physical examination is straight leg raising, positive on the left, pain with flexion and extension in the low back and left leg. Records reviewed from Drs. ___, ___, ___, ___, ___, ___, ___, ___, ___, ___ and ___. Also a letter from the patient is reviewed.

Tests: MRI 4-9-99, 12-8-03, and discogram 5-27-04 and CT myelogram 11-29-99 showing a prior left laminectomy, bulging L5/S1 disc, a left L4/L5 lateral disc, and positive L4/L5, L5/S1 discogram.

Treatment: Physical therapy 12-4-01, lumbar laminectomy at L4/L5, L5/S1, and two level coblation nucleoplasty, 3-2-04 piriformis injection, 4-8-04 caudal epidural steroid injection, epidurogram, epidurolysis, Left L4 epidural injection.

REQUESTED SERVICE

The items in dispute are the prospective medical necessity of an L4/L5 IDET and an L5/S1 percutaneous decompression/discectomy.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the L4/L5 IDET and L5/S1 percutaneous decompression/discectomy is denied because a contraindication for IDET is prior surgery at treated level.

References:

Wetzel, Proceedings of North America Spine Society 2000, Saal & Saal Spine 2000, Singh Pain Physician 2000, Derby Neuromodulation 2000, Derby & O'Neill Proceedings of International Spine Injection Society 2000, Lee Proceedings of International Spine Injection Society 1999, Carragee JBJS January 2003.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy. ___ believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

Sincerely,

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 1st day of October, 2004